

Hong Kong Ophthalmological Symposium 2015

Room 802, 8/F., HKAM Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong Tel: (852) 2761 9877 / 2761 9128 Fax: (852) 2715 0089 Email: asm2015hk@yahoo.com.hk



Hong Kong Exhibition and Convention Centre

12~13 December 2015

REGISTRATION FORM

Title:~	☐ Prof	□ Dr	\square Mr	☐ Ms	
Name:			<u>OR</u>	Name Card	
Institution:					
Address:					
Telephone:			Fax:		
Pager/Mobil	le:		E~mail:		
Date:			Signature:		
Registratio	n Fee:~				
1. Member of HKOS/COHK with membership approved on or before 1 August 2015					<u>HK\$</u>
☐ Early bird (before 1 August 2015) ☐ Late registration (after 1 August 2015)					600
					800
		2 December 2015) . □ No, I will no	*** Subject to availabili t join the dinner.	ty on the day ***	
		December 2015) No, I will no	*** Subject to availabilit t join the lunch.	y on the day ***	
2. Non-men	nber of HKOS/Co	ЭНК.			
☐ Early bird (before 1 August 2015)					1,800
	☐ Late re	egistration (after	1 August 2015)		2,200
3. Concession	onal \square Medic	al Students, Hong	Kong – food and be	everages not included	600
		Ophthalmic Nurses and Allied Health, Hong Kong			800

Cheque should be made payable to "The College of Ophthalmologists of Hong Kong". We only accept cheque (local)/bank draft (overseas) to be drawn at local bank in Hong Kong Dollars. Post-dated cheque is NOT acceptable.

Please return this form and the payment to:~